



Lorri A. Hilbert, Ph.D.

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OFFICE POLICIES AND GENERAL INFORMATION

WELCOME! I will do everything within my professional capacity to merit the confidence you have shown in coming here for assistance. The following information will acquaint you with my policies and procedures.

CONFIDENTIALITY:

All information disclosed within sessions and the written record pertaining to those sessions are confidential and may not be revealed to anyone without your written permission, except where law requires disclosure. Disclosure may be required in the following circumstances:

FIRST:

Disclosure of records and other confidential information may be required by subpoena or other court order.

SECOND:

If you report to Dr. Hilbert that you are the perpetrator or victim of elderly abuse, child abuse, or molestation, Dr. Hilbert is obligated to report it to the authorities.

THIRD:

If you are a minor, Dr. Hilbert has to keep your parents or guardians informed of your progress, if they ask. But she does not have to tell them details of our conversations.

FOURTH:

If you indicate that you intend to hurt or kill yourself or someone else, Dr. Hilbert must act to notify potential helpers or victims. This notification could include Dr. Hilbert contacting the person whose name you provided on the biographical sheet.

FIFTH:

In couple and family therapy, or when different family members are seen individually, confidentiality and privilege do not apply between the couple or family members. Dr. Hilbert will use her clinical judgment when revealing such information.

SIXTH:

Disclosure of confidential information may be required by your health insurance carrier or HMO/PPO/MCO/EAP in order to process the claims. Only the minimum necessary information will be communicated to the carrier. Dr. Hilbert has no control or knowledge over what the insurance companies do with the information she submits.

Considering all the above exclusions, upon your request, Dr. Hilbert will release information to any agency/person you specify unless Dr. Hilbert assesses that releasing such information might be harmful in any way.

Due to the nature of the therapeutic process and the fact that it often involves making a full disclosure with regard to many matters that may be of a confidential nature, it is agreed that should there be legal proceedings (including, but not limited to, divorce and custody disputes, injuries, lawsuits, etc.) neither you (client) nor your attorney, nor anyone else acting on your behalf will call on Dr. Hilbert to testify in court or any other proceedings, nor will a disclosure of the psychotherapy records be requested.

TELEPHONE AND EMERGENCY PROCEDURES:

If you need to contact Dr. Hilbert between sessions, please leave a message on her voicemail and your call will be returned as soon as possible. Dr. Hilbert picks up her messages several times per day. If you need immediate emergency assistance, you can call emergency mental health services at (888) 724-7240 or 911.

PAYMENT AND INSURANCE REIMBURSEMENT:

The charge for the initial interview is \$165.00. Clients are expected to pay the fee of \$155 per 50-minute individual or family session. This fee is due at the end of each session. If you plan on receiving insurance reimbursement, let us know so we can provide you with a superbill of your session for you to submit directly to your insurance company. Telephone conversations, site visits, report writing or reading, consultations with other professionals, release of information, reading records, longer sessions, will be charged at the same rate, unless indicated and agreed otherwise. If your account is overdue (unpaid) and there is no agreement on a payment plan, Dr. Hilbert can use legal means (court, collection agency, etc.) to obtain payment.

CANCELLATION:

Since the scheduling of an appointment involves the reservation of time specifically for you, a minimum of 24-hours notice is required for rescheduling or canceling an appointment. If a telephone call is received less than 24-hour prior to a scheduled appointment, a \$100.00 fee will be charged. If you do not call and do not show up for your appointment, then a \$155.00 fee is charged. I have read and understood the above office policies of Dr. Lorri A. Hilbert and agree to the above stated terms and policies.

DATED CLIENT SIGNATURE CLIENT NAME (PRINT)

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